(Notice: the purpose of this power of attorney is to give the person you designate (your "agent) broad powers to handle your property. Which may include powers to pledge, sell or otherwise dispose of any real or personal property without advance notice to you or approval by you. This form does not impose a duty on your agent to exercise granted powers; but when powers are exercised, your agent will have to use due care to act for your benefit and in accordance with this form and keep a record of receipts, disbursements and significant actions taken as agent. A court can take away the powers of your agent if it finds the agent is not acting property. You may name successor agents under this form but not co-agents unless you expressly limit the duration of the power in the manner provided below. Until you revoke this power or a court acting on your behalf terminates it, your agent may exercise the power given here throughout your lifetime. Even after you become disabled. The powers you give your agent are explained more fully in section

3-4 of the Illinois "statutory short form power of attorney for property law" of which this form is a part (see the back of this form).  That law expressly permits the use of any different form of per of attorney you may desire. If there is anything about this form that you do not understand. You should ask a lawyer to explain it to you.)
POWER OF ATTORNEY made this 28 day of November 1998
1. I, Toria Morin
hereby aproint:Fredrick Barder and Associatesas my attorney in fact (my "agent" to act for me and in my name (in any way I could act in person) with respect to the following powers, as defined in Section3-4 of the "statutory short Form Power of attorney form Property Law" including all amendments)., but subject to any limitations on or additions to the specified powers instant in paragraph 2 or 3 below:
Real Estate transactions
(Limitations on and additions to the agents powers may be included in this power of attorney if they are specifically described below)
2. The powers granted above shall not include the following powers or shall be modified or limited in the following particulars (here you may include any specific limitations you deem appropriate, such as a prohibition or conditions on the sale of particular stock or real estate or special rules on borrowing by the agent):
3. In addition to the powers granted above. I grant my agent the following powers (here you may add any other delegable powers including, without limitation, power to make gifts, exercise powers of appointment, name or change beneficiaries or joint tenants or revoke or amend any trust specifically referred to below):
(Your agent will have authority to employ other persons as necessary to enable the agent to property exercise the powers granted in this form, but your agent will have to make all discretionary decisions. If you want to give your agent the right to delegote discretionary decision-making powers to others, you should keep the next sentence, otherwise it should be struck out.)
4. My agent shall have the right by written instrument to delegate any or all the foregoing powers involving discretionary decision-making to any person or persons whom my agent may select, but such delegation may be amended or revoked by any agent (including any successor) named by me who is acting under this power of attorney at the time of reference.
Prepared by & mail to:
Frederich Barder 199068789
Prepared by & mail to:  301  1104  99068789  55 w. 22nd 5+ #104  1999-01-22 09:46:06  Cook County Recorder  51.50

## **UNOFFICIAL COPY**

99068789

## RIDER - LEGAL DESCRIPTION

LOTS 21 AND 22 IN BLOCK 258 IN THE SUBDIVISION OF THE NORTH 10 ACRES OF THE SOUTHWEST 1/4 OF THE NORTHWEST 1/4 SOUTH OF THE INDIAN BOUNDARY LINE OF SECTION 7, TOWNSHIP 36 NORTH, RANGE 14, LYING SOUTH OF THE INDIAN BOUNDARY LINE, LYING EAST OF WESTERN AVENUE AND SOUTH OF CENTER OF 145TH STREET RECORDED ON FEBRUARY 11, 1897 AS BOOK OF COOK COUNTY CLERK'S OFFICE DOCUMENT 2497632 BOOK OF PLATS PAGE 14, IN COOK COUNTY, ILLINOIS.

29-07-128-001-0000 29-07-128-002-0000

ms power of attorney. Strike out n urred i actin und r sement for all reason, ble ex

the next sentence if you do not want your agent to also be entitled to reasonable compensation for services rendered as agent under this power of (This power of attorney may be amended or revoked by you at any time, in any manner. Absent amendment or revocation, the authority granted in this power of attorney will become effective at the time this power is signed and will continue until your death unless a limitation on the beginning date or duration is made by initialing and completing either (or both) of the following): 6. ( ) This power of attorney shall become effective on Nov 28, 1998 Jan 31,1997 7. ( ) This power of attorney shall terminate on (If you wish to name successor agents, insert the name(s) and address of such successor(s) n the following paragraph.) 8. If any age it named by me shall die, become incompetent, resign or refuse to accept the office of agent, I name the following (each to act alone and successively in the order named) as successor agent: For purposes of this paragraph 8, a person shall be considered to be incompetent if and while the person is a minor or an adjudicated incompetent or disabled person the person is unable to give prompt and intelligent consideration to business matters, a certified by a licensed physician. (If you wish to name your agent as guardian of your entate, in the event a court decides that one should be appointed, you may, but are not required to. Do so by retaining the following paragraph. The court will appoint your agent if the court finds that such appointment will serve your best interest and welfare, strike out paids and 9 if you do not want your agent to act a s guardian.) 9. If a guardian of my estate (my property) is to be appointed, I nominate the agent acting under this power of attorney as such guardian, to serve without bond or security. I am fully informed as to all the contents of this form and understand the full import of this grant of power of attorney to my agent. THIS POWER OF ATTORNEY WILL NOT BE EFFECTIVE UNLESS IT IS NO ARIZED, USING THE FORM BELOW: State of Illinois County of The undersigned, a notary public in and for the above county and state, certifies that\_Toria Morin\_ Known to me to be the same person(s) whose name is subscribed as principal to the foregoing power of attorney, appeared before me in person and acknowledged signing and delivering the instrument as the free and voluntary act of the principal, for the use and purpose therein set forth and certified to the correctness of the signatures of the agents. "OFFICIAL SEAL" ANN KLOOTWYK Notary Public, State of Illinois My Commission Expires Dec. 8, 1998

My commission expires:

	99068789									
STATEME	NT OF INFOR	NOTALISM	Chicago ite	Insu arb	Cmpan	() (F	1 09 ST	5004165 NWA		
Interrogatories Re: Estate of Velan Mayfield								, dec	, deceased	
NAME OF AFFIANT TORIA MOrin  ADDRESS OF AFFIANT 118-7113 A Ca. demy Road Philadelphie, PA 19154										
RELATIONSHIP OF AFFIANT TO THE DECEASED:  Daughter  Occupation of the DeceaseD:  retired										
RESIDENCES OF	FROM (DATE)	TO (DATE)		JMBER	<u></u>	СПУ		STATE		
DECEASED FOR THE	1994	1998	19821 Orchard Ave. Lypi					, 00d.	14	
TEN YEARS	1970	1994	15733	H	syne.	Ave.	Har	ey	۱۷	
DATE OF DEATH										
IS THE ESTATE OF THE DECEMENT BEING PROBATED?  YES NO IF YES, STATE CASE NUMBER, COUNTY AND STATE:  YES NO PLANS THE ADMINISTRATION OF A SERVICE SEEN COMPLETED?  YES NO PLANS THE ADMINISTRATION OF A SERVICE SEEN COMPLETED?										
TAVE THE ADMINISTRATION PRICE STATE CELEST										
IF YES, HAS IT BEEN ADMITTED TO PROBATE? YES NO. IF NO, HAS IT BEEN FILED WITH THE CIRCUIT YES COURT IN THE UNPROVEN WILL BOX?										
THE DECEDENT IN REAL, OR PERSONAL PROPERTY, IF ANY, HELD NOT TENANCY?  IS THE ESTATE OF SUFFICIENT SIZE TO BE SUBJECT TO FEDERAL ESTATE TY?  HAVE ALL STATE AND FEDERAL TAXES DUE AND OWING BY THE DECEDENT OR HIS OF HER ESTATE BEEN FULLY PAID AND DISCHARGED?  WES NO  HAVE ALL EXPENSES OF THE LAST ILLNESS AND BURIAL OF THE DECEASED, DOCTOR'S, HOSPITAL AND UNDERTAKER'S BILLS BEEN PAID IN FULL?  IS THE ESTATE LIABLE TO OR SUBJECT TO A CLAIM ON THE PART OF ANYONE FOR PERSONAL OR NURSING SERVICES RENDERED OR ROOM AND BOARD FURNISHED TO THE DECEASED, RENDERED OR ROOM AND BOARD FURNISHED TO THE DECEASED, INCLUDING PARTNERSHIP OBLIGATIONS, IF ANY, AND CLAIMS AGAINST THE ESTAT'  WES NO  NOTE: PAID RECEIPTS FOR THESE ITEMS SHOULD BE PROVIDED  NOTE: PAID RECEIPTS FOR THESE ITEMS SHOULD BE PROVIDED  NOTE: PAID RECEIPTS FOR THESE ITEMS SHOULD BE PROVIDED  NOTE: PAID RECEIPTS FOR THESE ITEMS SHOULD BE PROVIDED  NOTE: PAID RECEIPTS FOR THESE ITEMS SHOULD BE PROVIDED  NOTE: PAID RECEIPTS FOR THESE ITEMS SHOULD BE PROVIDED  NOTE: PAID RECEIPTS FOR THESE ITEMS SHOULD BE PROVIDED  NOTE: PAID RECEIPTS FOR THESE ITEMS SHOULD BE PROVIDED  NOTE: PAID RECEIPTS FOR THESE ITEMS SHOULD BE PROVIDED  NOTE: PAID RECEIPTS FOR THESE ITEMS SHOULD BE PROVIDED  NOTE: PAID RECEIPTS FOR THESE ITEMS SHOULD BE PROVIDED.										
IS THE DECEDENT'S ESTATE LIABLE ON ANY LEASE, CONTRACTS, MORTGAGE, JUDGMENT, DEFICIENCY DECREE OR OTHER OBLIGATIONS?  IF YES, DESCRIBE FULLY ON REVERSE SIDE.										
AFFIANT STATES THAT THE FOREGOING ANSWERS TO INTERROGATORIES ARE TRUE AND MAKES THIS AFFIDA. AND ANSWERS TO INTERROGATORIES TO INDUCE CHICAGO TITLE INSURANCE COMPANY TO ISSUE ITS COMMITMENT AND ITS TITLE INSURANCE POLICY ON THE ABOVE-REFERENCED ORDER NUMBER FREE AND CLEAR OF CLAIMS, ADMINISTRATION EXPENSES, TAXES AND OTHER EXCEPTIONS, IF ANY, RELATING TO THE ESTATE OF SAID DECEDENT.										
STATE OF ILL	)	ss	SUBSCRIBED AND SWO	ORN TO BEF		DV.	CHICAGO TITLE	ENTED TO INSURANCE COMPA		
BY THE SAID				19						
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